

Dental Rules

- The Medical and Dental Enrollment Form & Change Form allows an employee to enroll in and indicate which dependents are covered on a dental plan. The employee chooses one plan: either the BASIC – A or BASIC PLUS – B. Any eligible enrolled dependents will be covered on the same plan. Coverage becomes effective on the first of the month following the first payroll deduction.
- If an employee is **enrolled** in any state medical plans, the employee must be set up on the “employee only” dental option. If the employee does not specify the BASIC PLUS Plan – B at the “employee only” coverage level, set up the employee in the BASIC Plan – A. The employee may also elect dependent coverage.
- An employee **not** enrolled in a state medical plan **must** complete an enrollment form to receive state-paid BASIC Plan “employee only” coverage or employee-paid plus state-paid BASIC PLUS Plan at the “employee only” coverage level. Coverage in the BASIC Plan – A is not automatically set up if there is no medical coverage.
- **Do not take any arrears payment to make coverage effective on the date of hire.** The earliest an employee can be covered is the first of the month after date of hire.
- The employee and eligible dependents **must choose** the same dental plan and **must remain** on the same plan until the next regularly scheduled open enrollment period.
- Enrolling dependents age five and above: Employees may enroll dependents ages five and above at the same time as they enroll themselves. During the month a dependent reaches age five, the employee must reenroll the child to insure coverage is continued and the appropriate premium is deducted. If an employee does not reenroll the child during the month they turn age five, the child will have no dental coverage and the employee must wait until the next regularly scheduled open enrollment period to enroll the child. Employee must complete an enrollment form to authorize enrollment of the age five child and to begin deducting any applicable increase in premium.
- Enrolling Dependents under age five: Dependents under the age of five are covered at no premium cost to the employee. However, to receive the dental benefit, under age five dependents must be listed on the enrollment form. Verify & input dental Coverage Category as follows:
- The employee has a choice of two dental plans:
 - The **BASIC Plan** is a “**standard**” dental plan. “**Employee only**” coverage is **state-paid**.
 - The **BASIC PLUS Plan** is a “**buy up**” dental plan. “Employee only” coverage is **NOT state-paid**.
- Both plans have the same three choice levels of dentists:
 - **DeltaPreferred Option (DPO)** dentists (**In-Network**);
 - **DeltaPremier Participating** dentists (**Out-of-Network**); and
 - **Non-Participating** dentists (**Out-of-Network**).
- Out-of-pocket costs will vary depending upon which dentists are used and the plan selected.

Dental Claim Process

To correct dental claim problems, **do not fax copies of enrollment forms** to Delta Dental. The dental carrier receives an eligibility data file transmitted monthly.

(1) DeltaPreferred Option (DPO) Dentists (In-Network)

Dentist will submit the claim to Delta Dental for the employee and eligible covered dependents. The employee will pay out of pocket costs up to DPO discounted fee.

(2) DeltaPremier Participating Dentists (Out-of-Network)

Dentist will submit the claim to Delta Dental for the employee and eligible covered dependents. Delta will pay the dentist and send the employee an Explanation of Benefits indicating the amount the employee is responsible for paying. The employee will pay out of pocket costs up to Delta's pre-approved Usual & Customary (UC) fee.

(3) Non-Participating Dentists (Out-of-Network)

The employee will need to submit the claim form to Delta Dental for themselves and eligible covered dependents. Delta will reimburse the employee for the services, **NOT** the dentist. The employee is responsible to pay dentist's full billed charges.

Coordination of Benefits (COB)

If an employee's Delta Dental Plan is considered a secondary plan, then Delta Dental will pay the same benefits that it would have paid (had it paid first), less whatever payments were actually made by the primary dental plan (or plans) that paid first. In addition, when the Delta Dental Plan pays second, it will never pay more benefits than it would have paid for each claim, as it is submitted, had it been the primary plan that paid first.